

PART B - FEE(S) TRANSMITTAL

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7590

02/04/2005

B. Noel Kivlin
Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.
P.O. Box 398
Austin, TX 78767-0398

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B. Noel Kivlin

(Depositor's name)

[Signature]

5-4-05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/967,137	09/28/2001	Whay S. Lee	P7057 US	4923

TITLE OF INVENTION: MAPPING OF NODES IN AN INTERCONNECTION FABRIC

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DELGADO, MICHAEL A	2144	709-249000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Meyertons Hood Kivlin Kowert & Goetzel, P.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <input type="checkbox"/> B. Noel Kivlin	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 <input type="checkbox"/>	3 <input type="checkbox"/>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

05/09/2005 CNGUYEN1 00000004 501505 09967137

(A) NAME OF ASSIGNEE

Sun Microsystems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA 01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5681 80900 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date *5-4-05* _____

Typed or printed name B. Noel Kivlin

Registration No. PTO # 33,929

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